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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				Docket Number (Optional) 20050/0200479-US0			
Application Number 10/706,303-Conf. #5755			Filed	November 10, 2003			
For INTERLABIAL PAD AND WRAPPING BODY							
Art Unit 3761				Examiner	K. M. Re	ichle	
This is a recapplication.	quest under the	provisions of 37 CFR 1.136	a) to extend the perion	od for filing a re	ply in the above	dentified	
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):							
x	One month	(37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity \$60		120.00	
	Two months	(37 CFR 1.17(a)(2))	\$460	\$230	\$		
	Three month	ns (37 CFR 1.17(a)(3))	\$1050	\$525	\$		
	Four months	(37 CFR 1.17(a)(4))	\$1640	\$820	\$		
	Five months	(37 CFR 1.17(a)(5))	\$2230	\$1115	\$		
A check in the amount of the fee is enclosed. X Payment by credit card. The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100 . WARNING: Information on this form may become public. Credit card information should not be included on this form. Provides credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). X attorney or agent of record. Registration Number 47,522 attorney or agent under 37 CFR 1.34.							
Registrated number if acting under 37 CFR 1.34							
Join lepul				May 5, 2008			
Signature Louis J. DelJuidice				Date (212) 527-7700			
	Typed or printed name				Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
To	otal of	forms are subn	nitted.				